## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10722574

|                                                                                                                                                                                                                 |                                                                                      |                                             |                    |                                      |              |                  |          | i                   | , · · · /              | ے ک     | -1 7                       | <i>Y</i>               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|--------------------|--------------------------------------|--------------|------------------|----------|---------------------|------------------------|---------|----------------------------|------------------------|
| CLAIMS AS FILED -                                                                                                                                                                                               |                                                                                      |                                             |                    |                                      | (Column 2)   |                  |          | SMALLE<br>TYPE [    | NTITY                  | OR      | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                                                                                                                                                    |                                                                                      |                                             | 12                 |                                      |              |                  |          | RATE                | FEE                    | 7       | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                             |                                                                                      |                                             | NUMBER FILED       |                                      | NUMBER EXTRA |                  |          | BASIC FE            | <del></del>            | OR      | BASIC FEE                  | <del>}</del>           |
| T                                                                                                                                                                                                               | OTAL CHARGE                                                                          | ) minus 20=                                 |                    | * Ø                                  |              |                  | X\$ 9=   |                     | OR                     |         | · ·                        |                        |
| INI                                                                                                                                                                                                             | DEPENDENT C                                                                          | CLAIMS                                      | minus 3 =          |                                      | *            | 0                | ٠.       | X43=                | <del> </del>           | 1       | X86=                       |                        |
| М                                                                                                                                                                                                               | JLTIPLE DEPE                                                                         | NDENT CLAIM P                               | RESENT             |                                      |              |                  |          |                     |                        | OR      |                            |                        |
| * If the difference in column 1 is less than                                                                                                                                                                    |                                                                                      |                                             |                    | ero enter                            | "0" in (     | column 2         |          | +145=               | ļ                      | OR      | +290=                      |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                     |                                                                                      |                                             |                    |                                      |              |                  |          | TOTAL               | L                      | OR      | TOTAL                      |                        |
|                                                                                                                                                                                                                 |                                                                                      | (Column 1)                                  | (Column 2          |                                      |              | (Column 3)       |          | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL             |                        |
| AMENDMENT A                                                                                                                                                                                                     |                                                                                      | CLAIMS C<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER<br>JUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                 | Total                                                                                | *                                           | Minus              | **                                   |              | = .              |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                 | Independent                                                                          | *                                           | Minus              | ***                                  | <del></del>  | =                |          | X43=                | ,                      | OR      | X86=                       |                        |
|                                                                                                                                                                                                                 | FIRST PRESE                                                                          | JUIPLE DE                                   | LTIPLE DEPENDENT ( |                                      | AIM          |                  | ·+145=   |                     | OR                     | +290=   |                            |                        |
|                                                                                                                                                                                                                 |                                                                                      |                                             |                    |                                      |              |                  | L        | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                 | (Column 1) (Column 2) (Column 3)                                                     |                                             |                    |                                      |              |                  |          |                     |                        |         | -00H.1 C.C.1               |                        |
| AMENDMENT B                                                                                                                                                                                                     |                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | IER<br>USLY  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                 | Total                                                                                | *                                           | Minus              | A-k '                                |              | =                |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                 | Independent                                                                          | *                                           | Minus              | ***                                  | 01.614.6     | =                |          | X43=                |                        | OR      | X86=                       |                        |
| !                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                                             |                    |                                      |              |                  |          | +145=               |                        | OR      | +290=                      |                        |
|                                                                                                                                                                                                                 |                                                                                      |                                             |                    |                                      |              |                  | <u>_</u> | TOTAL<br>DDIT, FEE  |                        | OR ,    | TOTAL<br>ADDIT: FEE        | <u> </u>               |
|                                                                                                                                                                                                                 |                                                                                      | (Column 1)                                  |                    | (Colum                               | n 2)         | (Column 3)       |          |                     |                        |         |                            |                        |
| Z L                                                                                                                                                                                                             |                                                                                      | CLAIMS<br>REMAINING -<br>AFTER<br>AMENDMENT |                    | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FI | ER<br>JSLY   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                 | Total                                                                                | *                                           | Minus              | disp.                                |              | =                |          | X\$ 9=              |                        | OF      | X\$18=                     |                        |
|                                                                                                                                                                                                                 | Independent                                                                          | l                                           | Minus              | 4-4-4-                               |              | =                | -        | X43=                |                        | OR .    | X86=                       |                        |
| Ĺ                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                                             |                    |                                      |              |                  | -        | +145=               | ·                      | Ī       |                            |                        |
| ٠ ((                                                                                                                                                                                                            | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |                                             |                    |                                      |              |                  |          |                     |                        | OR      | +290=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  ADDIT. FEE  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                                                      |                                             |                    |                                      |              |                  |          |                     |                        |         |                            |                        |
|                                                                                                                                                                                                                 |                                                                                      | ier Proviously Paid                         |                    |                                      |              |                  | toun     | d in the appr       | ooriate box            | in colu | าเก 1                      | j                      |